

**NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF MENTAL  
HEALTH AND DEVELOPMENTAL SERVICES  
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY**

**Report on a Survey of Non-funded Substance Abuse Treatment Providers in  
Nevada and its Implications on Estimates of Unmet Need for Treatment Services**

**Introduction**

At the request of Nevada State Legislature, Sheila Leslie, Chairwoman of the Health and Human Services committee, and directed through Maria D. Canfield, Substance Abuse Prevention and Treatment (SAPTA) Agency Director, this report was initiated to determine the unmet need for substance abuse treatment in Nevada.

The unmet need for substance abuse treatment is determined by estimating the total need for treatment and then subtracting the amount of need being met (treatment being provided). Although this formula is simple, determining the actual need for substance abuse treatment in Nevada is difficult. SAPTA does not collect data from the many private for-profit, federal and tribal providers of substance abuse treatment because they are not required to report to the Agency.

SAPTA has been estimating the unmet need for treatment for many years, relying on a mix of data from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and from funded providers. These estimates have relied on a methodology based on met need by the non-funded providers. This survey was conducted in order to improve the estimation of met need. This is a report of the findings from the survey.

**Survey Methodology**

The Inventory of Substance Abuse Treatment (I-SATS)<sup>1</sup> federal listserve was used as a basis for the survey. I-SATS, a component of the Drug and Alcohol Services Information System (DASIS) conducted by SAMHSA's Office of Applied Statistics, is a listing of all known public and private substance abuse treatment facilities in the United States and its territories. Although it also has some non treatment facilities listed, this inventory is comprised primarily of facilities that directly provide substance abuse treatment.

As of December 2006, I-SATS had 52 Nevada programs in its listserve. Twenty of the programs were funded by SAPTA, leaving 32 non-funded programs. Additionally, the Nevada State Health Division's Bureau of Licensure and Certification identified another 16 acute care facilities with the potential to offer substance abuse treatment and detoxification services. Thus, a total of 48 facilities were targeted to receive the survey.

According to I-SATS; "Treatment" includes any of the following services or programs:

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<sup>1</sup> Substance abuse facilities that do not provide treatment, such as those providing only prevention or administrative services, may be included on the I-SATS at the State's request. These facilities are generally included on the I-SATS because; a) the facility is an administrative unit of other I-SATS treatment facilities, or b) the State wants the facility to have an I-SATS number for block grant or other reasons.

- Residential services, including inpatient
- Outpatient services
- Detoxification services
- Opioid Treatment programs (methadone maintenance)
- DUI/DWI programs that include treatment
- Halfway house services that include treatment

These treatment services may be provided in a private or publicly owned or operated facility in any setting, including the following:

- Hospital
- Residential facility
- Outpatient facility
- Mental health facility with substance abuse treatment programming
- Other clinic or facility with substance abuse treatment programming

Names and addresses of facilities were obtained and a letter of explanation along with a survey was mailed via the United States Postal Service (see Appendix A and B). Enclosed with the survey was a self-addressed, prepaid stamped return envelope. The mailings were sent out December 19, 2006 with instructions to return the survey by January 5, 2007, in hopes that the rapid return request would increase the response rate. As of January 8, 2007, because there were few responses to the survey, SAPTA staff members called facilities to expedite survey responses. Offered by staff was the opportunity to ask questions, answer the survey by phone, fax, or mail. This method increased survey responses greatly. However, 35% of surveyed facilities never responded, even after phone contact.

### **Survey Results**

There were 48 facilities (I-SATS list plus the acute care hospital beds), fitting the criteria for inclusion in the sample. Out of the 34 responses received, 8 of the facilities reported they did not provide substance abuse treatment. Based on 26 out of 40 maximum responses from non-funded substance abuse treatment providers, the final response rate for the survey was calculated to be 65%.

The survey requested information on substance abuse treatment admissions. These inquiries included requests for the number of admissions by gender, age, and pregnant females. Additionally, facilities were asked for the number of admissions based on certain American Society of Addiction Medicine (ASAM) levels of patient placement.

Some facilities did not respond to all questions. For example, age groups were not completed (52%) by all respondents. Table 1, on the next page, illustrates the number of admissions and the percentage of responses for each category in the survey. The table also illustrates the results by gender has a 100% response rate, whereas the results by ASAM level has a 97% response rate. This disparity is demonstrated in the values for admission totals of 11,751 (gender) compared to 11,367 (ASAM level).

**Table 1: Non-Funded Treatment Admissions in Nevada with Percentage of Responses per Category**

Admissions by Gender	Number	Percentage of Responses
Male Clients	7,856	100%
Female Clients (not pregnant)	3,745	100%
Female Clients (pregnant)	41	100%
<b>Total</b>	<b>11,751</b>	<b>100%</b>
<b>Admissions by Age Group</b>		
Adolescents (18 and below)	1,879	16%
Adults (>18)	4,282	36%
<b>Total</b>	<b>6,161</b>	<b>52%</b>
<b>Admissions by ASAM Level</b>		
Detoxification	1,237	11%
Short Term Residential (30 days or less; non-hospital)	5,399	46%
Long Term Residential (greater than 30 days; non-hospital)	274	2%
Intensive Outpatient	1,258	11%
Outpatient (Individual or Group)	2,386	20%
Inpatient (hospital)	719	6%
Transitional Housing*	146	1%
<b>Total</b>	<b>11,367</b>	<b>97%</b>
<b>Opioid Maintenance**</b>		
Methadone Treatment	643	NA
Buprenorphine Treatment	7	NA

\* Transitional housing was not in the original survey sent to providers; only one facility offered this service, the value was added into the results.

\*\* Methadone and Buprenorphine are used for the treatment of Opioid addiction. For this survey Opioid as the primary drug of choice was used for calculating admission numbers to funded facilities.

### **Survey Results Applied to Existing Estimates of Met Need**

As Table 1 illustrates the number of treatment admissions for non-funded facilities surveyed was 11,751. Funded facilities admission totals were 11,354 according to SAPTA's 2006 Biennial Report. These two sources total 23,105 treatment admissions for Nevada in 2006. The total treatment admissions as determined by this survey (23,105), reflects a lower met need in Nevada as compared to previous estimates. However, 35% of the facilities surveyed did not respond, and some of those facilities had a large capacity for admissions. If, conservatively speaking, 35% was added to the non-funded admissions total (from this survey) the adjusted total would be 15,863 (11,751 multiplied by .35). *(Note: Since some of the non-responders were larger facilities, 35% may actually be low, with the result being that the unmet need total could be less than indicated here.)* Adding to that the 11,354 admissions from SAPTA funded programs, the new total of met need would be 27,217.

Previous calculations based on the 2004 National Survey of Substance Abuse Treatment Services (NSSATS) conducted through SAMHSA (the latest data available) estimated the number of individuals served by all Nevada Treatment Facilities at 33,983. Based on SAMHSA's National Survey on Drug Use and Health (NSDUH) for 2004 estimates for Nevada's need for treatment is 180,000 individuals. Subtracting the estimated met need from the estimated need (180,000-33,983) equals 146,017 individuals that are estimated to need but not receive treatment in Nevada.

Subtracting met need results from this survey of 27,217, from 180,000 (NSDUH's) yields an unmet need estimate of 152,783 individuals. This is an estimate of the number of individuals that need but do not receive treatment in Nevada. Although this survey closely resembles other SAPTA results, it shows there may be a slightly higher unmet need in the state than was previously estimated. Table 2 below summarizes these results.

**Table 2: Determination of Unmet Need Utilizing Calculated Estimates of Need and the Met Need (2006)**

Column A Estimated Need <sup>1</sup>	Column B Estimated Met Need Using Survey		Column C Estimated Met Need using Point Prevalence Methodology		Col. D Estimated Unmet Need (Col. A – Col. B) <sup>3</sup>	Col. E Estimated Unmet Need (Col. A – Col. C) <sup>3</sup>
	Funded	NonFunded	Funded	NonFunded		
180,000	27,217		33,983		152,783	146,017

The results from this survey show unmet need may have been underestimated previously by as much as 6,766 individuals (the difference of Column D and Column E). Unmet need is an estimate of the number of individuals that need but do not receive treatment. SAPTA has traditionally defined unmet demand<sup>2</sup> as a percentage of unmet need. Unmet demand is individuals who actually seek but do not receive treatment for various reasons. The results from this survey reflect unmet demand may have been previously underestimated by 338 individuals.

## Discussion

This report is important to understanding unmet need for treatment in Nevada for a number of reasons. First, SAPTA has previously estimated non-funded and funded substance abuse treatment admissions based on the NSSATS report published by

<sup>1</sup> Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2004 State Estimates of Substance Use, <http://oas.samhsa.gov/2k4/State/vars.htm>. Table A.20. "Percentage Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol among Persons Aged 12 or Older, by Age Group and State: 2004", April 2006.

<sup>2</sup> Unmet Demand is 5% of the Unmet Need.

<sup>3</sup> Although this is an estimate of the unmet need, it is understood that not all individuals with substance abuse and dependence issues will seek or be referred to treatment.

SAMHSA; the report is done based on a point prevalence measure, which looks at admission numbers from the perspective of one day (March 31) in a year. Point prevalence does not measure a trend, longitudinal measures, or numbers that can be at a minimum or a maximum for that date. Point prevalence is a snapshot in time and does not reflect the trends over a continuous period of time. Another limitation of NSSATS is the possibility of facilities opening or closing that point prevalence does not reflect. Opening or closing of facilities can greatly affect the treatment admission numbers. This study reports treatment admissions over a 12 month period.

Survey results for the non-funded providers compared to funded admissions numbers from the 2006 SAPTA Biennial Report shows there are similarities in admissions percentages. Referring to the ASAM levels of treatment the following results were obtained and compared to funded admission results shown below.

- 67% male admissions to non funded facilities compared to 64% admissions to funded facilities.
- 11% intensive outpatient admissions to non-funded facilities compared to 7% to funded facilities.
- 11% detoxification admissions to non-funded facilities compared to 26% to funded facilities.
- 16% adolescent admissions to non-funded facilities compared to 13% of funded facilities. There are 13 funded adolescent treatment sites in Nevada.
- 650 methadone and buprenorphine admissions to non-funded facilities compared to 621 in funded facilities.

Based on these percentage comparisons, the survey results appear to possess a good degree of reliability.

There were a few additional considerations noted in developing this report. Although the response rate for adolescents in this survey was too low to use, it shows that adolescent treatment admissions may be higher than previously estimated. Previous estimates based on NSSATS accounted for only 469 adolescent admissions from non-funded providers where this study confirmed the adolescent admission number is at least 1,879. The Bureau of Licensing and Certification lists the number of residential program beds for the treatment of abuse of alcohol and drug as 562, this does not account for the non-funded facilities that responded to the survey. The waiting time for admission to funded treatment facilities was 24 days according to the 2006 SAPTA Biennial Report.

### **Conclusion**

The survey response rate at 65% was not sufficient to be able to draw firm conclusions about the unmet need for substance abuse treatment in Nevada. The sample of treatment centers surveyed included 8 centers that do only evaluations. Several of the treatment centers that did not respond were urban hospitals that treat large numbers of patients. Having an estimate of unmet need in the state is important to SAPTA in making funding decisions. The survey will be done again in 2008 in an attempt to increase the response rate and improve the accuracy of the estimate of unmet need.

The results of this survey lend support to previous estimates of met need and therefore past unmet need calculations too. The importance of this survey is in its ability to replicate the results of other studies lending reliability and validity to this study.

To ensure a safe and healthy state it is important to understand the needs of the citizens of Nevada. The objective of this report is to increase knowledge of the unmet need for substance abuse treatment. Specifically, it will assist SAPTA with caseload planning decisions centered on clinical management and fiscal responsibility.